

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA054064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on November 18, 2015. Records indicate this facility was Licensed on December 29, 1963. The facility is currently licensed for 24 beds Special Care Unit. Based on this information the facility is required to meet the 1971 "Minimum and Desired Standards and Regulations - Homes for the Aged and Family Care Homes and the applicable components of the 2005 - 10 NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101	in process of getting the annual fire Alarm system inspection available for review on 2/10/16	2/10/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kubert Grady**Administrator**1/22/16*

Division of Health Service Regulation

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C 101	Continued From page 1 1. Based on observation, and interview with Staff in Charge, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on November 20, 2015: a. Pantry - there was no automatic detection system in this room. b. Closet inside Pantry - (per the SIC), there was no automatic detection system in this room.	C 101	The last inspection and code test was performed on all doors on 7/21/15, which I enclosed the invoice service. Will have it re-inspected by 11/30/15 Facility special locking system has been re-inspected on 1/29/16 Automatic detection system to be done by 2/04/16 to pantry. There is no closet in the pantry by the kitchen. Pantry automatic detection system will be installed by 2/4/16	11/30/16
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Staff in Charge, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on November 20, 2015: a. The current annual Fire Marshal inspection	C 111		

Division of Health Service Regulation

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C 111	Continued From page 2 Report was not available for review, b. The Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	C 111	In the process of getting the annual fire alarm system inspection. Inspection will be completed and available for review by 2/20/16 Copies made available by 2/20/16		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (B) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on November 20, 2015: a. Female Bathroom (left front) - the window side commode, had a loose hand grips (grab bar).	C 133	Loose hand grips has been tightened and staff will be checking daily to ensure grab bar is stable	12/17/15	
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if	C 143			

Division of Health Service Regulation

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C 143	Continued From page 3 ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances. Findings on November 20, 2015: a. Bedroom 2 second closet from the window - a gallon of pesticide was sitting in the floor in this unlocked closet. b. The Corridor Bathroom did not have a separate locked area for the cleaning agents, bleaches, pesticides, and other hazardous substances that were present. c. The Second Floor Bio Hazardous Room that housed cleaning agents, bleaches, pesticides, and other hazardous substances was not locked.	C 143	<i>Pesticide was removed from facility and staff will monitor what family members bring in for residents</i>		11/20/15
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors in good repair. Findings on November 20, 2015:	C 155	<i>All hazardous and cleaning supplies will be put in one closet and kept locked at all times and keys will be kept with supervisor</i>		11/20/15

Division of Health Service Regulation

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Division of Health Service Regulation

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C 164	Continued From page 5 a hole in it where corridor door hits it, c. Female Bathroom (left front) - the flooring covering had torn making it difficult to clean and was creating tripping hazards as if edges rolls up, d. Bedroom 3 - the floor tiles were stained, e. Bedroom 4 - the second corridor side closet door had a hole in it where corridor door hits it, f. Front Corridor - the floor were dirty, and had an excessive build-up of wax/dirt around the doorframes, and wall base. g. Office at closed up doorway - the floor were dirty, and had an excessive build-up of wax/dirt around the doorframes, and wall base h. Bedroom 5 - the back of the corridor door was marred up, i. Bedroom 5 - the window closet door was damaged, j. Bathroom near Laundry - the FRP had a crack that was collecting dirt, k. Bedroom 6 - had a broken glass pane in an exterior window, l. Bedroom 7 - the gypsum walls showed sign of fasteners backing out of the underlining materials. m. Female Bathroom (Side Hall) - had a broken glass pane in an exterior window, n. Sitting Room - the gypsum wall had become damaged, o. Bedroom 9 - the floors in this area are dirty, p. Bedroom 9 - the outside corner in this room had been damaged. q. Bedroom 9 - the walls were marred up in this room, r. Back Corridor - the floor was marred up in this space, s. Female Bathroom (Back Hall) - there was a dirty diaper in the tub. t. Bedroom 12 - the floors were marred up in this room,	C 164	Bathroom floor was replaced staff will report any repairs floor stain has been cleaned In process of repair in well the building to be completed by maintenance on Floors have been cleaned and excessive build up of wax/dirt removed In the process of repair by facility maintenance in the process of repair by - In process of repair by maintenance - In process of repair by maintenance - In process of repair by maintenance - In process of repair by maintenance - In process of repair by maintenance - In process of repair by maintenance - floor has been cleaned - wall repaired, room has been repaired a number by - floor has been cleaned and will be ongoing - staff will monitor clients to ensure all toileting needs are disposed of appropriately and disposed shifts and not left in the tub - floor has been cleaned and ongoing by housekeeping cleaning by	2/17/15 12/15/15 2/20/16 2/15/15 2/4/16 2/1/16 2/4/16 1/29/16 2/11/16 1/24/16 2/15/15 12/22/15 2/16/15 11/20/15 11/20/15

Division of Health Service Regulation

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C 164	Continued From page 6 u. Bedroom 12 - the wall behind the bed was dented and need repairing. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on November 20, 2015: a. Bedroom 9 - there was a strong urine odor that persisted during the Construction Survey. 3. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on November 20, 2015: a. Dining Room - there was one dining chair with a torn seat cushion.	C 164	wall has been repaired		12/3/15
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on November 20, 2015: a. Corridor outside Dining - the HVAC return	C 166	The room has been cleaned and disinfected Chair has removed and replaced, staff will report necessary repairs and any tears to furniture to supervisor immediately		11/19/15 11/20/15 11/20/15

Division of Health Service Regulation

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C 166	<p>Continued From page 7</p> <p>grille with its radiation damper have an excessive accumulation of dust/lint.</p> <p>2. Based on Observation, the facility failed to provide necessary equipment or procedures to ensure a clean potable water supply. Findings on November 20, 2015:</p> <p>a. Exterior Can Wash - previously both hose bibs were joined together with a rubber hose "Y" adapter equipped with a vacuum breaker. The hot water side of the "Y" adapter had been removed from the hose bib and a hose attached with no vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>b. Female Bathroom (left front) - the tub had a hose long enough to reach gray water and was not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>c. Female Bathroom (Side Hall) - the tub had a hose long enough to reach gray water and was not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>d. Female Bathroom (Back Hall) - the tub had a hose long enough to reach gray water and was not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>3. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on November 20, 2015:</p> <p>a. Female Bathroom (front Left) - the connection of the commode to the floor was</p>	C 166	<p>All grill with radiation dampers have been cleared and are checked weekly</p> <p>- Has been fixed by maintenance on 12/23/15</p> <p>- In the process of being repaired new tube has been ordered 12/28/16</p> <p>- In the process of being repaired new tubes have been ordered 02/04/16</p> <p>- In the process of being repaired new hoses have been ordered 02/04/16</p> <p>Has been ordered to be fixed by 02/04/16</p> <p>The commode has been secured to the floor and maintenance personnel and staff</p>	<p>1/6/16</p> <p>12/28/16</p> <p>2/04/16</p> <p>02/04/16</p> <p>02/04/16</p> <p>02/04/16</p>

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C 166	Continued From page 8 loose, b. Female Bathroom (front Left) - the hand dryer was not working and there was no other means of drying hands in this room. c. Bathroom near Laundry - the connection of the commode to the floor was loose. 4. Based on observation, the facility has not kept the facility in a clean and orderly manner by allowing pests in the facility to go unmanaged. Findings on November 20, 2015: a. Bedroom 2, there were bug droppings on the nightstand, b. Bedroom 5, several bugs were observed scurrying away when objects were moved, c. Bedroom 9 - dirty and smelly cloths were piled up on the closet floor and there were bugs present, d. Bedroom 12 right closet - several bugs were observed scurrying away when objects were moved, 5. Based on Observation, the facility failed to provide an environment clean and orderly; free of hazards. This would affect all residents, staff and visitors, if equipment in disrepair injured someone. Findings on November 20, 2015: a. Bedroom 12 - there was an electrical power receptacle that had a broken cover plate,	C 168	will check & report repairs to supervisor - repaired hand held dryer Commode was repaired and staff will monitor and report repairs to supervisors Facility continues to be treated with ongoing monitoring by a professional pest control company. Will enclose contract with Pest Control Broken cover plate was replaced and staff and housekeeping will check daily	11/26/15 11/21/15 11/23/15 11/6/16 11/20/15	
C 167	Housekeeping- Supply Soap, Clean Towels SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and	C 167			

Division of Health Service Regulation

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C 167	Continued From page 9 additional coverings adequate for resident use on hand at all times; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain adequate supplies for resident use on hand at all times. Findings on November 20, 2015: a. Several Resident Bathrooms - the residents had no toilet paper at the commodes. Deficiency corrected before Construction Surveyors departed site.	C 167	Staff will check daily on each shift to ensure all units have necessary toileting supply. Residents have dementia and some residents were eating toilet paper and residents had to be redirected and checked on to prevent any incident. Ongoing checks to monitor residents from eating toilet paper	11/20/15	
C 174	Bedroom Furnishings-Table, Mirror, Chairs SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility has failed	C 174			

Division of Health Service Regulation

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C 174	Continued From page 10 to provide resident rooms with the required furniture for the number of residents. This could affect all residents, by providing an institutional setting instead of a homelike setting. Findings on November 20, 2015: a. Bedroom 1 - the room accommodates two residents but had only one comfortable armchair, b. Bedroom 9 - there was no chair, night stand or dresser in this room, 2. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on November 20, 2015: a. Bedroom 1 - there was a chair with a torn seat bottom, b. Bedroom 1 - the dresser was missing three ball pulls, c. Bedroom 1 - both wood beds and one nightstands were nicked-up and disfigured and needs refinishing. d. Bedroom 2 - both dresser are missing two ball pulls, e. Bedroom 4 - the dresser was missing several knobs, f. Bedroom 5 - the dresser was missing three ball pulls, g. Bedroom 5 - the dresser had loose drawer hardware, h. Bedroom 6 - the wood bed was nicked-up and disfigured and needs refinishing. i. Bedroom 6 - one dresser was missing a knob, j. Bedroom 6 - both dresser were missing two ball pulls each, k. Bedroom 7 - a chair had a broken front leg. Chair removed before Construction Surveyors departed Site, l. Bedroom 10 m. Bedroom 10 - the dresser was missing a knob.	C 174	All furnishings have been replaced in Room 9 - Chairs have been replaced in room 12/16/15 - Beds have been replaced 12/15/15 - Drawers handles have been replaced 12/16/15 - Handles have been replaced on drawers 12/10/15 - Bed(6) was replaced 12/15/15 - Knob was replaced 12/15/15 - Knob was replaced 12/15/15 - Chair was removed and replaced 11/20/15 - Knob was replaced 12/15/15		

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C 174	Continued From page 11 n. Bedroom 10 - the wood bed and chair were nicked-up and disfigured and needs refinishing. o. Bedroom 11 - the dresser was missing a knob,	C 174	In process of completing - knob replaced	2/19/16 12/15/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain an unobstructed exterior exit path to a public way. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 20, 2015: a. Left Exit - the exit door would not open. Deficiency corrected before Construction Surveyors departed Site. 2. Based on Observation, and interview with Staff in Charge, the Building was not maintained accessible for inspection. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be discovered with regular inspections from being corrected. Findings on November 20, 2015: a. Closet inside Pantry - there was no key onsite to allow access into this area.	C 189	- Reported and continues to be monitored daily for operation Resident Care Coordinator has Key with her... will ensure Supervisor has access to the key for inspection at all times	11/20/15

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C 189	<p>Continued From page 12</p> <p>b. Drain Room - there was no key onsite to allow access into this area,</p> <p>c. Bedroom 9 left closet - the closet door was not locked but the door could not be opened,</p> <p>d. Bedroom 9 right closet- there was no key onsite to allow access into this area,</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on November 20, 2015:</p> <p>a. Water Heater Room - there was a hole in the wall not firestopped.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 20, 2015:</p> <p>a. Attic Above Dining - the HVAC duct mounted smoke detector had no access door to inspect and clean the duct detector's sample tubes.</p> <p>b. Front Door - the replacement door knob took multiple hand motions to operate the door.(one has to turn the knob/push the button then turn the handle retracting the latch)</p> <p>5. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p>	C 189	<p>Key will be on facility key</p> <p>- Doors were repaired and are operational</p> <p>- In the process of repairing hole in the wall 2/26/16</p> <p>- In the process of having HVAC unit access door and clean the duct 2/26/15</p> <p>- Door knob was replaced with single motion knobs 11/20/15</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 13 Findings on November 20, 2015: a. Water Heater Room - the water heater flue escutcheon plate had dropped down from the ceiling exposing an unfirestopped hole through the fire-resistance-rated ceiling assembly. b. Water Heater Room - there were holes through the fire-resistance-rated ceiling assembly not firestopped. c. Water Heater Room - the left water heater flue was not inserted and seal properly to its chimney. d. Bedroom 1 Window Closet - there were gaps around two metal pipes that penetrated through the fire-resistance-rated ceiling assembly. e. Bedroom 2 - there was a gap around a cable penetrated through the fire-resistance-rated ceiling assembly. f. Bedroom 3 - there were gaps around a cable and wire mold conduit that penetrated through the fire-resistance-rated ceiling assembly. g. Living Room - there was a gap around fire pull conduit that penetrated through the fire-resistance-rated ceiling assembly. h. Back Office - there was a one inch hole and a cable penetration through the fire-resistance-rated ceiling assembly not firestopped. i. Charting Room - there was a 3/4" gap where the ceiling trim was missing allowing a penetration through the fire-resistance-rated ceiling assembly. j. Back Office Bathroom - The one-hour fire-resistance-rated gypsum/plywood attic access panel had fallen to the floor. k. l. Janitor Closet - there was a gap around a pipe that penetrated through the fire-resistance-rated ceiling assembly. m. Laundry - there were holes that penetrated through the one-hour fire-resistance-rated ceiling	C 189	In the process of repairing work in the water heater 2/28/16 - In the process of repairing work in the water heater room 2/28/16 - In the process of repairing the water heater room and have left water heater installed & sealed 2/28/16 d - completed & done by 1/28/16 e done & completed — 1/28/16 f done & completed — 1/28/16 g done & completed — 1/28/16 h In the process of repairing 1/28/16 i In the process of repairing 1/28/16 j - done & completed by 1/27/16 1/22/16 k - In process of repairing 2/04/16 m - done & completed — 1/27/16		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 14 were a light fixture was removed, n. Janitor Closet - the one-hour fire-resistance-rated ceiling assembly had a gypsum patch that was not properly fire sealed with joint compound and tape, o. Female Bathroom (Side Hall) - there was a gap around a conduit that penetrated through the fire-resistance-rated ceiling assembly, p. Sitting Room - there were holes that penetrated through the one-hour fire-resistance-rated ceiling where a camera was removed, q. Bedroom 12 Left Closet - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly 6. Based on Observation, the facility was not maintain in a safe manner, by having some doors that do not latch into their frame automatically. This could affect all residents, staff and visitors by not automatically latching to contain smoke and fire in the room or smoke compartment of origin. Findings on November 20, 2015: a. Kitchen to Dining - the door between these rooms was equipped with a double cylinder deadbolt that does not automatically latch into the doorframe, 7. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on November 20, 2015: a. Dining Room - Corridor door was blocked open with a folded piece of cardboard. b. Attic (entire building) - many cables to	C 189	Done & completed Done & completed done & completed done & completed lock was replaced with single cylinder and latches to the door frame. In process of changing the door Card board has been removed and door stop used to hold doors the open	11/23/16 11/23/16 11/23/16 11/23/16 11/24/15 3/31/16 11/23/15	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
C 189	Continued From page 15 exhaust fan junction boxes, were not secured to the junction box with romex connector, 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on November 20, 2015: a. Female Bathroom (front left) - the corridor door did not latch into its doorframe, b. Bedroom 11 - the corridor door did not latch into its doorframe, 9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on November 20, 2015: a. Bedroom 1 - a lens on a light fixture had falling down exposing unsupported wires, b. Bedroom 2 - there was an unapproved multiple plug adaptor plugged into an electrical power receptacle, c. Bedroom 3 - a lens on a light fixture had falling down exposing unsupported wires, d. Front Office - was using an extension cord to power office equipment. Extension cords cannot substitute for permanent wiring. e. Sitting Room - The quad electrical power receptacle, was falling out of the wall, f. Bedroom 9 - there were 3 electrical power receptacles that were missing cover plates g. Dining - an electrical power receptacle had	C 189	<p>Door latch has been repaired 11/24/16</p> <p>Door latch has been repaired 2/1/16</p> <p>Light fixture has been replaced 11/24/15</p> <p>plug adaptor was removed not day 11/20/15</p> <p>light in process of being replaced 1/29/15</p> <p>Extension cord was removed 11/20/15</p> <p>Receptacle repaired not day 11/20/15</p> <p>receptacle cover plates were replaced not day 11/20/15</p> <p>the receptacle was replaced 11/20/15</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 16 broken with a piece of the protective plastic enclosure falling out leaving energized contact fingers exposed. 10. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 20, 2015: a. Front Office - the fire alarm system's detector was dangling from the ceiling by its power/operational wires. b. Front Attic - while in the attic, the fire alarm system activated. SIC contacted the fire department and canceled the alarm, as she suspected it was set off due to movement in the attic. c. Bedroom 12 Right Closet - the fire alarm system's heat smoke detector was dangling from the ceiling by its power/operational wires. 11. Based on observation, the Building was not maintained in a safe and operating condition, because the heating ventilation and air conditioning was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on November 20, 2015: a. Attic (front) - a large metal duct had separated allowing the conditioned air into the attic. b. Attic - the one-hour fire-resistance-rated construction around the commercial kitchen hood duct did not extend all the way to the roof deck.	C 189	<i>repaired and staff will check and report repairs to supervisor</i> <i>Done completed by 1/28/16</i> <i>- Fire to be repaired by 2/6/16</i> <i>To be completed by 1/29/16</i> <i>In the process of repairing</i> <i>Attic work will be completed by</i>	<i>11/20/15</i> <i>1/28/16</i> <i>2/6/16</i> <i>1/29/16</i> <i>2/28/16</i> <i>2/28/16</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 191	Continued From page 17	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of unvented fuel burning heaters and portable electrical heaters in the facility. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on November 20, 2015: a. Living Room - two prohibited portable electric heaters were found in this room.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:	C 199	<p><i>Portable heater were removed from the facility and staff instructed not allow family member or staff members to bring portable heaters</i></p>	11/20/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER CARE ONE MEMORY UNIT OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET KINSTON, NC 28501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	Continued From page 18 (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation equipment/components good working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on November 20, 2015: a. Back Office Bathroom - The exhaust ventilation cover did not cover the opening through the fire-resistance-rated ceiling assembly, b. Attic (entire building) - many of the exhaust fan ducts have been disconnected from the fan and/or roof cap, thus venting into the attic. c. Laundry - the motor to the exhaust fan had been removed, d. Female Bathroom (Back Hall) - The exhaust ventilation cover did not cover the opening through the fire-resistance-rated ceiling assembly,	C 199	- the exhaust ventilation will be completed by _____ - the attic work will be completed by _____ - In process of repairing motor has been replaced - In process of repairing the exhaust ventilation fan _____	2/23/16 2/23/16 1/27/16 1/27/16

MAY-20-6 15 13:49 FROM: TRINITY MANOR
MAY. 20, 2015 4:47 PM

252 587 8433

TO: 19108891488

P. 1/1

GOVERNMENT ACCOUNT	YES <input type="checkbox"/> NO <input type="checkbox"/>
NAL	CONCERNED <input type="checkbox"/>
LEAVE	SICK <input type="checkbox"/>
CENTRAL DINING	<input type="checkbox"/>
CENTRAL WILLING	<input type="checkbox"/>

DODSON
PEST CONTROL
DODSON BROS.
PEST CONTROL
SERVICE AGREEMENT

ACCOUNT #	
DATE	01-22-15
TIME	1:31

HOME OFFICE - LINDSEY VA

SERVICE OFFICE Jacksonville

CUSTOMER NAME
CARE ONE

ATTENTION (if address)

ADDRESS (if different)

1406 E. Shive St.

APARTMENT (if any)

Kinston

MOVING ADDRESS (if different from billing)

SAME

SERVICE ADDRESS (city of account from billings)

DOES STAY/WORK/STAYS
OCCUR ON SUNDAY REPORT?

YES ☐ NO ☐

ADDITIONAL SERVICE CHECKS (if any)

MONTHLY ☐

EDM ☐

QUARTERLY ☐

ANNUAL ☐

ADVANCE ☐

AT SERVICE ☐

PEST COVERAGE SECTION

MARK THE BOX BESIDE THE PEST(S) WHICH ARE THE PRIMARY THREATEN OF THIS SERVICE AGREEMENT. ALL THE OTHER PESTS LISTED ARE COVERED AT NO ADDITIONAL CHARGE. HOWEVER, TREATMENT IS ONLY PERFORMED WHEN NOTED.

- ☐ ROACHES
- ☐ FLEAS/TICKS
- ☐ MICE
- ☐ RATS
- ☐ SPIDERS
- ☐ CRACKLEDOGS
- ☐ UNIDENTIFIED

- ☐ CARPENTER
- ☐ CRACKLEDOGS
- ☐ FLEAS/TICKS
- ☐ MICE
- ☐ RATS
- ☐ SPIDERS
- ☐ UNIDENTIFIED

INITIAL SERVICE ☐

NUMBER

OF MONTHS

11 x 1 70

300.00

7.70

112.70

SALES TAX

7.70

TOTAL

107.00

PAID ON ACCOUNT

1.00

BALANCE

106.00

INSTRUCTIONS TO PROPERTY

SPECIAL INSTRUCTIONS

LOCATION OF INSTALLED PEST CONTROL EQUIPMENT (if any)

RESTRICTIONS TO SERVICE (if any)

FROM SERVICE

6/13/15

SERVICE SCHEDULE

WEEK

DAY OF WEEK

THIS SERVICE AGREEMENT IS VOID IF THE CUSTOMER DOES NOT SIGN AND RETURN THIS AGREEMENT TO THE SERVICE PROVIDER. THIS AGREEMENT IS VALID FOR A 12 MONTH PERIOD. IF THE CUSTOMER DOES NOT SIGN AND RETURN THIS AGREEMENT TO THE SERVICE PROVIDER, THE SERVICE PROVIDER WILL BE RESPONSIBLE FOR THE SERVICE. IF THE CUSTOMER DOES NOT SIGN AND RETURN THIS AGREEMENT TO THE SERVICE PROVIDER, THE SERVICE PROVIDER WILL BE RESPONSIBLE FOR THE SERVICE.

SIGNATURE OF CUSTOMER

13110021 X Kibinet Ganga

DATE FOR DODSON BROS. SIGNATURE

PERSONAL BUSINESS

SERVICE AGREEMENT SIGNED

CUSTOMER COPY

795673

☒ Restaurant ☐ IndustrialINVOICE # 56730

Systems Report



P.O. Box 1259 • Rocky Mount, NC 27802 • (252) 986-4545

CUSTOMER

CAROLINE MEMORY UNIT OF KINSTON
1406 E. SHINE ST
KINSTON NC 28501

Tel. No. 252-527-0438

Contact _____

DATE OF SERVICE <u>1-28-16</u>		TIME SERVICE BEGAN <u>1:00</u>		A.M.	P.M.
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	REPAIR	TEST
	<input checked="" type="checkbox"/>				
LOCATION OF SYSTEM CYLINDERS <input type="checkbox"/> WALL MOUNT <input type="checkbox"/> FIRE CABINET <input checked="" type="checkbox"/> ENCLOSURE					
<u>LEFT OF HOOD</u>					
MANUFACTURER <u>ANSUL</u>	MODEL NUMBER <u>R101</u>	WET	OTHER	DRY CHEMICAL ABC <input checked="" type="checkbox"/>	
CYLINDER SIZES <u>10#</u>		GLASS K PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
FUSE LINKS 300°F # <u>1</u> DATE <u>1/6</u>		FUSE LINKS 400°F # _____ DATE _____		FUSE LINKS 500°F # _____ DATE _____	
ALARM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LOCAL ONLY <input type="checkbox"/>		MONITORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
		ELECTRIC <input checked="" type="checkbox"/>		GAS <input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS/DISCREPANCIES/DEFICIENCIES / COMMENTS:

Resp Behind Hood
6' Hood.

1st SERVICE, DID NOT INSTALLMESH FILTERS

NO POWER
ON EXHAUST

RECOMMEND UPDATING TO UL300 <input type="checkbox"/> YES <input type="checkbox"/> N/A	ALL COOKING EQUIPMENT/RECEPTACLES UNDER HOOD SHUTS DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	DOES EXHAUST REMAIN ON <input type="checkbox"/> YES <input type="checkbox"/> NO
HOOD LIGHTS SHUT OFF <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	FRESH AIR FAN SHUTS DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	ALL FILTERS BAFFLE TYPE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A

HAZARD LOCATIONS: LEFT TO RIGHT

<u>6 BURNER STOVE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Discrepancies or Deficiencies Below (Check if applies)

- ☐ Cooking equipment has been altered from original layout
☐ Cooking equipment doesn't shut down on activation of the fire system (list) _____
☐ Tank due for hydrostatic test/ ☐ 6 yr. maintenance due
☒ System doesn't meet UL-300 Standards may not suppress fires
☐ Excessive grease buildup could impair the effectiveness of the hood suppression system

Allstate Fire Protection, Inc. will not be held liable for discrepancies or deficiencies listed above. Allstate Fire Protection is not responsible for existing conditions that occurred prior to our current service agreement with above customer. Customer is responsible for having the discrepancies or deficiencies corrected at their cost.

This certification is valid for six months only and shall be void immediately upon any alterations or changes to appliance layout and/or grease ventilation systems. Customer responsible for maintaining service schedule.

X [Signature]
 SERVICE TECHNICIAN

X

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE CUSTOMER COPY YELLOW FILE COPY PINK FIRE INSPECTOR

- All appliances properly covered ☐ No NON UL 30
- Duct and plenum covered ✓
- Check if seals intact, evidence of tampering ✓
- Pressure gauge in proper range Yes/No NA
- Check cartridge weight/model/date ☒ CO2 ☐ N ☐ N/A
101-20 9/80 42/4
- Hydrostatic test date 08
- 6-year maintenance date (not required on wet system) NA
- Inspect cylinder and mount ✓
- Test for proper operation from remote ✓
- Check micro switch ☐ no switch ☐ not wired YES
- Check operation of gas valve ✓
- Proper nozzle covers in place (remove & clean) ✓
- ☒ Replaced fuse links ☐ Checked Thermal Detectors # ✓
- Piping and conduit securely bracketed ✓
- Exhaust fan in operating order ✓
- All filters replaced that AFP removed
(If filter needs replacing, note sizes and quantities) ✓
- Gas & electric on? ✓
- Manual & remote set/seals in place ✓
- Replace systems covers ✓
- System operational & seals in place ✓
- Slave system operational NA
- AFP Fan warning sign present ✓
- Service tag on system ✓
- Extinguisher last service date 1-16
KINSTON

List company IF NOT AFP